The following documents are attached to support this Site Specific Assessment application:

Version numbers and version dates must match the HREC approval where applicable.

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| **Date:** | Click here to enter a date. | | | **Site:** | | | Click here to enter text. | | |
| **SSA Submission Code: (generated from Online Forms)** | Click here to enter text. | | | **HREC Ref:** | | | Click here to enter text. | | |
| **Study Title:** | Click here to enter text. | | | | | | | | |
| **Name of Principal Investigator:** | Click here to enter text. | | | **Department:** | | | Click here to enter text. | | |
| **Sub Speciality:** | | | Click here to enter text. | | |
| **Name of Site/Study Contact:** | Click here to enter text. | | | | | | | | |
| **P** | Click here to enter text. | | **E** | Click here to enter text. | | | | |
| **ANZCTR/Clinical Trials.Gov Registration Number (If Applicable):** | Click here to enter text. | | | **Trial Phase:** | | | Choose an item. | | |
| **Sponsor Type:** | | | | Choose an item. | | | | | |
| **Global Sponsor (if applicable):** | | | | Click here to enter text. | | | | | |
| **Clinical Research Organisation (if applicable):** | | | | Click here to enter text. | | | | | |
| **Supporting Documents for SSA – Please also refer to document checklist** | | | | | | | | | |
| **Document Type**  **(Select from drop down)** | | | **Document Name** | | | **Version Number** | | **Version Date** | **Received by RGO** |
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| **Other relevant information for the RGO:** | | | Click here to enter text. | | | | | | |